# FORM FOR FILING A FORMAL COMPLAINT

*Please submit any request for a formal complaint to your district superintendent and to the Dispute Resolution Coordinator, State Department of Education, Division of Student Achievement and School Improvement, P.O. Box 83720, Boise, ID 83720-0027. The alleged violations may not be older than one year from the date the complaint is received by the SDE. (You may use this form or submit a letter that includes the information below.)*

## A.  General Information:

Date of Written Request: _____ Date Received (completed by SDE): _____

Name of Individual Filing the Complaint: _____

Address: _____

City: _____ Zip: _____ Day Phone: _____ Home Phone: _____

Relationship to Student: _____

Name of District /Agency Complaint Is Against: _____

**Student Information:**                              **District Information:**

Student Name: _____            District Contact: _____

Address: _____            Address: _____

City: _____ Zip: _____            City: _____ Zip: _____

Date of Birth: _____            Telephone: _____

School Student Attends: _____ Grade: _____
(If complaint involves more than one student, please complete the student and district information for each student.)

In the case of a homeless child or youth, provide available contact information:

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**B.   Allegation(s):** Describe the specific issue(s) that relate to potential violations of Part B of the IDEA 2004.  Provide supporting facts and information for each allegation. (Attach additional pages if needed.)

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**C.   Resolution:** Please provide your suggestions for solving the problem. (Attach additional pages if needed.)

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Signature of Individual Filing Complaint        Title or Relationship to Student      Date